MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32447

NOV 10 1933

16

1. PLACE OF DEATH

County *Cape Girardeau*

Registration District No. *129*

Township *Shawneetown*

Primary Registration District No. *5180*

City *Jackson Mo R.F.D.* (No.), St. , Ward)

File No.

Registered No. *15*

2. FULL NAME *Casper Ruppel*

(a) Residence, No. St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*	**4. COLOR OR RACE** *White*	**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Shaby Daughty*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 7 1851*

7. AGE YEARS *82* MONTHS *1* DAYS *24* If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

FATHER

13. NAME *Casper Ruppel Sr.*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

MOTHER

15. MAIDEN NAME *Not Known*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *not known*

17. INFORMANT (ADDRESS) *Bertha Ruppel, Jackson Mo (R#)*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Apple Creek Cemetery* DATE *Nov 8* 1933

19. UNDERTAKER (ADDRESS) *Mrs Marie Cole, Pocahontas Ark*

20. FILED *Oct 31 1933* *F. J. Schau* Registrar

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 31* 1933

22. **I HEREBY CERTIFY**, That I attended deceased from *Oct 28* 1933, to *Oct 31* 1933.

I last saw h—— alive on *Oct 31*, 1933. Death is said to have occurred on the date stated above, at *1 P.* m.

The principal cause of death and related causes of importance were as follows:

Volvulus Bowl

Date of onset

18 73 152 15

Other contributory causes of importance:

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 19......

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ....

(Signed) *R. D. Blaylock* , M. D.

(Address) *Pocahontas, Mo.*